

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561845

FILING DATE

20 JAN 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		3		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
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11		0		/		
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19		0		/		
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23		0		/		
24		0		/		
25		0		/		
26		0		/		
27	/		/			
28		1		/		
29		2		/		
30		0		/		
31		0		/		
32		0		/		
33		0		/		
34		0		/		
35		0		/		
36		0		/		
37	/		/			
38	/		/			
39		2		/		
40		0		/		
41		0		/		
42		0		/		
43		0		/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.	4		4			
TOTAL DEP.	15		48			
TOTAL CLAIMS	19		52			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						